

Tsongas Industrial History Center, Summer Camp Registration - Summer 2015

Child's Name: _____

Age as of July 1, 2015 _____ Birthdate: _____

M or F: _____

of weeks attending camp: _____

List the title(s) and date(s) attending camp:

1) _____

2) _____

3) _____

School Attended 2014-15: _____

Grade Completed: _____

Parents/Guardians: _____

Address: _____

City: _____

State: _____

Zip: _____

E-mail address: _____

Home telephone #: _____

Name: _____

Daytime or Cell Phone #: _____

Name: _____

Emergency Information

Person to contact in cas of an emergency:

(if Parent/Guardian cannot be reached)

Name: _____

Telephone #: _____

Relationship: _____

How did you hear about our camp program?

The total cost per child for each week of camp is \$175, sibling discount \$155 for all camps except Eco-Explorers. Total cost per child for Eco-Explorers is \$195, sibling discount \$175.

To register, please complete and sign this form and return it with full payment as soon as possible to: Tsongas Industrial History Center, Summer Camp Program, 115 John Street, Lowell, MA 01852. Make checks payable to UMass Lowell.

Space is available on a first-come, first-served basis. Refunds will only be granted until May 30.

Medical Information

Physician's Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Telephone #: _____

Any known allergies (food, bee stings, medications, etc.): _____

Other Concerns/Special Needs: _____

I give permission to the above named child to participate in the Tsongas Industrial History Center's Summer Camp Program and all related activities. My child participates at his/her own risk and I shall hold the Tsongas Industrial History Center and Lowell National Historical Park and its employees harmless of any injury or accident.

Parent/Guardian Signature: _____

Date: _____

Photography

_____ I give permission to the Tsongas Industrial History Center to use a photograph or video of my child in its public information materials. (No names will be used.)

_____ I do NOT give permission for my child to be photographed.

Parent/Guardian Signature: _____

Date: _____

For more information, call the
Tsongas Industrial History Center
at (978) 970-5080.